



Department of Veterans Affairs

**NOTICE OF DEFAULT**

(Chapter 37, Title 38, U.S.C.)

PRIVACY ACT INFORMATION: This form provides information which is required by 38 U.S.C. 3732(a) or 3720 so that appropriate action can be taken if default is not cured. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA System of records, 55VA26, Loan Guaranty Home, Condominium and Manufactured Home Loan Applicant Records and Paralegic Grant Applicant Records - VA, published in the Federal Register.

DATE OF THIS NOTICE	TYPE	VA LOAN NUMBER (NOTE: Loan Number must be numeric, 12 digits)	INSTRUCTIONS: Please type or print. Note the special instructions for "VA Loan No." and Items 1-4 and 7, as these entries will be used for VA coding purposes. For 38 CFR 36.4600 Loans, code a "4" in the block titled "TYPE." Return copies 1 and 2 to VA. Copy 3 may be retained for your records.
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**HOLDER'S NOTICE**

To (Complete Regional Office/Center Address) <b>DEPARTMENT OF VETERANS AFFAIRS LOAN GUARANTY DIVISION</b>	HOLDER'S NAME, ADDRESS AND TELEPHONE NO.	PURPOSE OF LOAN (Check One)  <input type="checkbox"/> HOME (1)  <input type="checkbox"/> HOME CONDO (0)  <input type="checkbox"/> HOME REFIN. (5)  <input type="checkbox"/> MANUFACTURED HOME (8)
	SERVICING AGENT'S NAME, ADDRESS AND TELEPHONE NO. (Complete only if different from holder shown above)	

**DESCRIPTION OF DELINQUENT LOAN**

NOTE: Enter number only without spaces, dashes, etc. DO NOT ENTER MORE THAN 14 CHARACTERS	1. SERVICER LOAN NO.	2. DATE OF FIRST UNCURED DEFAULT EXAMPLE: Enter 05 01 93 for May 1, 1993			MONTH	DAY	YEAR	3A. SOCIAL SECURITY NO. (Present Owner)
	3B. NAME OF PRESENT OWNER	NOTE Item 3B: Do not enter more than 25 characters in this area			5. COUNTY OR PARISH (Property Location)			
4. ADDRESS OF PRESENT OWNER (Entries in Items A and B MUST be limited to 25 characters)	A. NUMBER AND STREET OR RURAL ROUTE	B. CITY AND STATE			C. ZIP CODE	6. PROPERTY ADDRESS (If different than Item 4)		
7. DATE OF FIRST PAYMENT (Per loan instruments) Example: Enter 06 01 93 for June 1, 1993		8. ORIGINAL VETERAN'S NAME AND PRESENT ADDRESS (If different than Items 3B and 4 above)			9. AMOUNT OF EACH INSTALLMENT			
					PRINCIPAL AND INTEREST		\$	
					TAX AND INSURANCE			
					OTHER			
					TOTAL		\$	
10. OTHER DEFAULT (Specify, real estate, taxes, insurance, special assessments, etc.)		11. AMOUNT OF DEFAULT	PRINCIPAL	\$		12. INTEREST RATE AND OUTSTANDING LOAN BALANCE		
			INTEREST			A. INTEREST RATE		
			TAX AND INSURANCE			B. DATE		
			TOTAL	\$		C. AMOUNT		

**HOLDER'S LOAN SERVICING**

13. CONTACT(S) WITH MORTGAGOR	TYPE	NUMBER	14. DATES OF PROPERTY INSPECTIONS	15. CONDITION OF PROPERTY	16. PROPERTY OCCUPIED BY	
	LETTER/WIRE				<input type="checkbox"/> ORIGINAL VETERAN	<input type="checkbox"/> TENANT
	FACE TO FACE				<input type="checkbox"/> TRANSFEREE	<input type="checkbox"/> VACANT
17.	A. MONTHLY INCOME	B. MONTHLY OBLIGATIONS	C. BORROWER'S ATTITUDE TOWARD DEFAULT	D. PLACE OF EMPLOYMENT	E. WORK TELEPHONE NUMBER	F. HOME TELEPHONE NUMBER
BORROWER						
SPOUSE						

18. IS FORBEARANCE WARRANTED?	19. REASON FOR DEFAULT
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20. SUMMARY OF LOAN SERVICING (Must give complete details to support conclusion that forbearance is or is not warranted. Include repayment schedules or other arrangements, etc.)
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21. NAME AND TITLE OF AUTHORIZED OFFICIAL (Type or Print)  <input type="checkbox"/> HOLDER  <input type="checkbox"/> SERVICING AGENT	22. SIGNATURE OF AUTHORIZED OFFICIAL
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RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Clearance Officer (723), 810 Vermont Avenue, NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0021), Washington, DC 20503. Please do not send this form or applications for benefits to these addresses.